



The Montgomery County Heart Attack Program

Montgomery County Fire and Rescue
Emergency Medical Services

TREATMENT GUIDELINES FOR SUSPECTED ACUTE CORONARY SYNDROME PATIENT

PT'S NAME: _____ SEX: _____ AGE: _____ DATE: ____/____/____ INC. # _____

- ☐ **Oxygen Therapy** - 4 l/min NC or 100% NRB if hypoxic
- ☐ **Initial 12-Lead ECG** - add V₄R if ST-segment elevation in II, III, aVF (Inferior MI)
- ☐ **Initial IV Access** – single-lumen 18 gauge preferred
- ☐ **Blood Work** – green / red / mottled / purple / blue
- ☐ **Cardiac Enzymes Quick-Test** – for non-diagnostic or normal 12-Lead ECGs
- ☐ **Nitroglycerin SL** – 0.4 mg SL q 3-5" PRN to max of 1.2mg – Use with caution in presence of RVI
- ☐ **Fax 12-Lead ECG to Receiving & Medical Control Hospitals** – Time Permitting
- ☐ **Consult w/ Medical Control Hospital** – EMRC 877-940-4245 – **"CARDIAC ALERT"**
 - **Consider Triage of High-Risk Profile Patient to Facility Capable of Primary PCI**
 - **Aspirin PO** – 180-364 mg PO per Medical Control
 - **Morphine IVP** – 2-20 mg IVP (1-2 mg/min) per Medical Control
Use with caution in presence of RVI
 - **Additional Nitroglycerin SL** – per Medical Control
 - **Additional IV Access** – double-lumen catheter (TwinCath) preferred
- ☐ **Repeat 12-Lead ECG q 5"** – add V₄R if ST elevation in II, III, aVF (Inferior MI)
–Time permitting
- ☐ **Complete Eligibility Checklist**
- ☐ **Re-consult if Necessary**